

APR 1 2 2011

MISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

Maine Ethics Commission **EXECUTIVE EMPLOYEES** 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your

records.				
NAME AN	ID CONTACT INFORMATION			
Name \	Title	7		
ANDREW TISK	3.2	SOU DIRECTOR		
Department/Agency/Bureau/Division		Work Phone		
DEP BUREAU OF LAND WAT	& QUACITY	287 7671		
Mailing Address, City, ZIP				
SH3 # 17				
PART 1. INCOME DERI	VED FROM EMPLOYMENT BY AND	other .		
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 c	or more. Specify the principal type o		
None	dertom (or (other companion), у то от оргу планира завусного (object) (obj	ttamenteeratuutusta tallatataa eesti muurussa saataanaa tallata eestään tuu liikiikuun aasaa saataa saataa saa		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
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		Angungan hijag nga hana jaman kanasa anaman kangidi alah papaki yangka jama jaman kanda mahab mahili dalah disaki		
PART 2. INCOME DERIVED F	ROM SELF-EMPLOYMENT OR LAW	PRACTICE		
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	, if any, and list the major areas of econor essional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic		
X None		1998-til 1998 til 19		
		Major Areas of Economic Activity/		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Practice (partnership, association, firm or similar		
		business entity)		
Name:				
Address:				
Nama				
Name:		* 1		
MODESS				

PART 2 (continued). INCOME DERIVED FRO	M SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that representation whichever is greater, and specify the principal type of economic activity of the entition of disclosure is prohibited by law, rule, or an established code of profession activity of the entity or person from whom the income was derived.	ty or person from whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Norman	
Name: Address:	
Name: Address:	
PART 3. OTHER SOURCES OF	INCOME ,
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form.	Do not include gifts or honoraria. If none, check the
DOX. NOTE:	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: NEXT SEN COCLEGE SAUINGS MERRICO LANCH	529 FUND RESEMPTION
Address: PENNINGTON, NJ	
Name:	
Address:	
Name:	magazzaminojo majas ne z nazo uzirodi om in monisida magin kini kin hentergo viço mong kan net m. kin ni kin di kullukalan kili mili mini mengen kini 1900 (A 17) min net met i (1900 (A 17) min net kini 1900 (A 17) min net
Address:	
PART 4. REPORTABLE LIAB	ILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liabilities, or emade as campaign contributions, or business loans from regulated financial institutes.	educational loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	·
Address:	
Name:	
Address:	
DART E DEDORTARI E CI	ETS
PART 5. REPORTABLE GI List the specific source of gifts received during the reporting period with an aggregation	
None Name of Source of Gift	Name of Source of Gift
1. 3.	
2	

PART 6.	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances	s or speeches related to your official ca	pacity or duties. If none, check the box.
None	and the state of the	om til kan skunn mill sudder "mer med kan men kall det kan kan skul som en medlet for med 1,550, m. en skyr myngen k
Name of Source of Honoraria	Name Parameter and the construction of the construction of the construction of the construction of the construction	e of Source of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGE	NCIES
List each executive branch agency before which you compensation of any amount other than your official sala none, check the box.	or a member of your immediate fa ary. Indicate whether you or a family	amily represented or assisted others fo member appeared before the agency. I
None		with the depolity of the Popular Control of the Association of the Ass
Name of Agency		Name of Agency
1.	3.	
2.	4.	THE CONTRACT AND ADMINISTRATION OF THE CONTRACT AND ADMINISTRATIC ADMINISTRATION AND ADMINISTRATION
PART 8. BUS	INESS WITH STATE AGENCIES	The state of the s
List each executive branch agency to which you or a mer	mber of your immediate family sold go	oods or services with a value in excess o
\$1,000 during the reporting period. Indicate whether you o	r a family member sold the goods or so	ervices. If none, check the box.
Name of Agency		Name of Agency
THE PROPERTY OF THE STATE OF THE PROPERTY OF T	ルン・ル・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	NAME OF AGENCY And the order of the control of the
1.	3.	
2.	4.	ня-шириностроную добрата в принцент в достинент в принцент в принцент в принцент в принцент в принцент в принце
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIA	TE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki or more of income, list his or her name and job title. List of Do not include gifts.	e of income of \$1,000 or more receive nd of income represented. If your sp only the job title of dependent children	ed by your spouse or domestic partner or ouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Incom Received	e Kind of Income
Name: Karw m Fisk	1. PUBLISHING	1. Saidty
Job Title: EDITE / EDUCATOR	2. AECIGIOUS ENVERTION	2. Haren wase 3.
Dependent Child(ren) - Job Titles Only		
ob Title: CUATION FISK	WAREHOUSE STREET, PINE TEL	E j ARTIST, SEG-EMPLOYED
ob Title:		Surver emiorieus
oh Title	n a salahan menantan adalah salah sala	embagana atau taun 1988 yan magatahan kanan aran 1980, ang magaman ang magayan atau 1981, ang magana atau an m

		ER OR DIRECTOR I			
held any office	it or nonprofit corporation, firm, association, pa trusteeship, directorship, or position of any nati ensated. If a family member listed, indicate you	ure. Indicate whether '	you or a family nei	ine position and writ	iate family ether the posi-
None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
NEW EUGLA CONTROL	NO INTERSTATE WATER POLLUTION COMMISSION	CHUISIMN	SELF		No
LOWELL, r	7A	e en			
ASSOC, OF	STATE INTERSTATE WATER CONTROL ASSOCIES	PRESIDENT	and the contract of the contra		t and then should be made and an individual state and a state a
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KENVESE	ZC WO TRUST	BOAZD MEMOAL			erigeli, proving proving graph participal proving graph participal province
MAINE SEL	es evers alliance	BOOW METBLE	SELF		NO
		SIGNATURE			
I affirm that the	e contents of this report are true, complete	and accurate to the	best of my know	ledge.	
and the second			in the second	1 6 1 8 1	
C _{recommen}	Signature			Date	
	Unsworn fals	sification is a Class D o	crime.		
Please provide	e any additional information below (and or n you are providing. Use additional pages	ONAL INFORMATION additional sheets if		ite the part or section	on number for
the information	n you are providing. Ose additional pages	, if Fieldsodily.	materians (Santan Santan Marana Santan S	and a man of the territory and the property of the second	
Part/Section Number					
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